## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:   | 9/11/2010                 | Address:                                  | 1801 N. Street  |  |
|---|---------------------------|---|---|--|
| Case #:   | <u>16</u> F-19 <u>952</u> |   | Kok <u>omo, IN</u>  |  |
| County:   | <u>Howard</u>             |   | <u>46901</u>  |  |
| Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only)   |                           | Scizure Location (c Residence Outbuilding | ☐ Hotel/Motel ☐ Open No Structure   |  |
|   | te (only)                 | ⊠ Vehiele                                 | ☑ Other: Stroage Locker   |  |
| Items Found: Location (bedroom, kitchen, open air, etc)     (cbeck all that appty)   Lithium/Ammonia Reaction(s):     Red Phosphorous/Iodine Reaction(s):     Flammable Solvents: outbuilding     Water Reactive Metal (Lithium): yehicle     Anhydrous Ammonia:     Hydrochloric Acid Gas Generator(s): outbuilding     Corrosive Acid:     Corrosive Base: outbuilding     Other (item and location): |                           |   |   |  |
| Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agencies the   |                           | ☐ Ephedrin☐ Retail/Mo☐ Other:             | Investigative Information  Description: Ephcdrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:  that serve the location: |  |
|   | ment; Kokomo Fire Dept    | Fax: 765-4                                |   |  |
| Health Department: Howard Co. Health Dept   |                           | Fax: <u>765-4</u><br>Fax:                 |   |  |
| Child Prote   | ction Service:            | · ax.                                     | -   |  |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Mike Lorona</u> Phone <u>765-473-6666</u>   |                           |   |   |  |

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the ease file, and a copy sent to the Clandestine Laboratory Team Leader for retention.